SLCR Graduate Student Translation Exam Application Form

Name: _____

WSU Email: _____ Phone: _____

Department/School: _____

Field of Study: _____ Level: M.A./Ph.D.

Area of Specialization: _____

Major Advisor: _____

Advisor's Email: _____ Phone: _____

Target Language: _____

Faculty Examiner: _____

Exam Date/Time: _____

Fee Paid: $120.00   **(*Cashier's Office*)** Date of receipt: _____

Receipt received by: _____ Date: _____

*** FACULTY EXAMINER FILLS OUT THIS PORTION ***

Grade: Pass/Fail   Date: _____

Comments:

_____

_____

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Faculty Examiner Signature: _____ Date: _____